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Clinical placements in Australian general practice: (Part 1) the experiences of pre-registration nursing students

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Clinical placements in Australian general practice: (Part 1) the experiences of pre-registration nursing students

Abstract

An international shift towards strengthening primary care services has stimulated the growth of nursing in general (family) practice. As learning in the clinical setting comprises a core component of pre-registration nursing education, it is logical that clinical placement opportunities would follow the workforce growth in this setting. Beyond simply offering placements in relevant clinical areas, it is vital to ensure high quality learning experiences that meet the educational needs of pre-registration nurses. Part 1 of a two part series reports on the qualitative study of a mixed methods project. Fifteen pre-registration nursing students participated in semi-structured interviews following a clinical placement in an Australian general practice. Interviews were transcribed verbatim and underwent a process of thematic analysis. Findings are presented in the following four themes; (1) Knowledge of the practice nurse role: I had very limited understanding, (2) Quality of the learning experience: It was a fantastic placement, (3) Support, belonging and mutual respect: I really felt part of the team, (4) Employment prospects: I would really, really love to go to a general practice but..... General practice placements exposed students to a diverse range of clinical skills which would equip them for future employment in primary care. Exposure to nursing in general practice also stimulated students to consider a future career in this clinical setting.

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CLINICAL PLACEMENTS IN AUSTRALIAN GENERAL PRACTICE: (PART 1) THE EXPERIENCES OF
PRE-REGISTRATION NURSING STUDENTS

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ABSTRACT

An international shift towards strengthening primary care services has stimulated the growth of nursing in general (family) practice. As learning in the clinical setting comprises a core component of pre-registration nursing education, it is logical that clinical placement opportunities would follow the workforce growth in this setting. Beyond simply offering placements in relevant clinical areas, it is vital to ensure high quality learning experiences that meet the educational needs of pre-registration nurses. Part 1 of a two part series reports on the qualitative study of a mixed methods project. Fifteen pre-registration nursing students participated in semi-structured interviews following a clinical placement in an Australian general practice. Interviews were transcribed verbatim and underwent a process of thematic analysis. Findings are presented in the following four themes; (1) Knowledge of the practice nurse role: *I had very limited understanding*, (2) Quality of the learning experience: *It was a fantastic placement*, (3) Support, belonging and mutual respect: *I really felt part of the team*, (4) Employment prospects: *I would really, really love to go to a general practice but.....* General practice placements exposed students to a diverse range of clinical skills which would equip them for future employment in primary care. Exposure to nursing in general practice also stimulated students to consider a future career in this clinical setting.

Keywords: pre-registration; primary care; nurse education; recruitment; general practice

INTRODUCTION

An ageing population, the de-institutionalisation of mental health and the early discharge from tertiary hospitals have increased the number of high acuity patients managed in the community (Australian Institute of Health and Welfare, 2010; Happell, 1999). Despite clear evidence that a strong primary care system improves health outcomes, the growing burden of chronic and complex illness treated in the community has exacerbated the workload of nurses employed in primary care (Department of Health and Ageing, 2013; Jolly, 2007).

Introducing pre-registration nurses to this healthcare sector may help sustain and replenish the primary care nursing workforce and equip students with the skills to work in a complex and rapidly changing healthcare environment (Harris et al., 2011; McClimens et al., 2013).

General practices are recognised as one of the largest components of the primary care system and are ideally located within community settings to provide comprehensive, patient centred care to individuals and families across the lifespan (RACGP, 2014). The contemporary environment of general practice now includes various nursing roles to support the traditional work of general practitioners (Halcomb et al., 2007; Halcomb et al., 2006). Whilst much work has been undertaken exploring the roles of these nurses and their contribution to primary care service delivery, there has been limited attention to the recruitment of beginning nurses to this setting.

Higher Education Institutions (HEIs) appear to be slow to reflect the shift towards primary care in both the nursing curricula and via clinical placement experiences (Albutt et al., 2013).

To date, contemporary studies exploring clinical placements have been largely undertaken in the acute tertiary care sector and do not reflect the international shift towards strengthening primary care services (Bjørk et al., 2014). Such trends are not keeping pace

with health reforms to build and sustain a strong primary care nursing workforce and threatens the confidence and ability for beginning nurses to work in primary care (Ali et al., 2011; Keleher et al., 2010). Given that clinical placements challenge preconceived ideas of the clinical areas in which pre-registration nursing students wish to practice, it is important to ensure that the placement experience is positive (Henderson et al., 2007; McKenna et al., 2010).

BACKGROUND

The clinical environment is a core component of contemporary nursing education. It provides opportunities for pre-registration nurses to transfer theoretical knowledge into practice and has been cited as influencing the student's attitude to learning and future career choices (Happell, 1999; Newton et al., 2009a; Smedley and Morey, 2010). However, as a multi-dimensional and dynamic entity, the clinical environment does not always provide a positive learning experience. Ward culture, the busyness of a unit, and exposure to learning opportunities are each known to influence the clinical placement experience (Andrews et al., 2005; Brown et al., 2011; Levett-Jones et al., 2009).

Different models of supervision found in acute and primary care placements may also influence student learning. In Australia, pre-registration nurses on clinical placements in tertiary hospitals tend to be supervised and assessed by an HEI employed facilitator (Health Workforce Australia, 2010). In contrast, the supervision and assessment of pre-registration nurses on primary care placements is largely the responsibility of the registered nurse employed by the primary care facility (Peters et al., 2013). The pre-registration nurse's perception to supervision by registered nurses working in primary care is not well understood.

The length and timing of clinical experience in the nursing curriculum is a subject of further debate (Betony, 2011; Happell, 2008; Turner et al., 2006). In the United Kingdom (UK) up to 50% of pre-registration nursing education is undertaken in the clinical setting (Nursing and Midwifery Council, 2010). The UK Nursing and Midwifery Council further stipulates that pre-registration nurses must complete a three month clinical placement in the final year of their nursing program (Nursing and Midwifery Council, 2010). To apply for registration as a nurse in Australia, nursing students must complete 800 hours (approximately 20 weeks) clinical placement in various health care settings across their three year baccalaureate degree (Australian Nursing & Midwifery Accreditation Council, 2012). Australian HEIs tend to provide clinical placements in two-week blocks, with a four to five week transition to graduate practice placement in the final year. Given the limited time frame to consolidate clinical skills, it is vital that clinical settings in Australia provide high quality learning environments that support the learning needs of students as they progress through different stages of their nursing program.

To date, the majority of clinical placements in Australia are undertaken in the acute care sector (Health Workforce Australia, 2011). Increased nursing enrolments however, have led to greater competition for available clinical placements. Given the growth of the primary care workforce, HEIs are increasingly looking towards non-traditional, community settings to secure placement opportunities. As more pre-registration nurses are placed in non-traditional settings, it is important to explore their perceptions to these placements. Such an exploration will provide evidence based knowledge around the adequacy of the tertiary preparation for primary care placements and the quality of the placement in terms of supervision and exposure to learning opportunities.

Previous research has explored general practice clinical placements from the perspective of nurses working in general practice (Halcomb et al., 2012; Peters et al., 2013). A mixed methods project was undertaken to now explore this experience from the perspective of pre-registration nurses. A mixed methods approach was chosen as it would allow the researchers to explore different aspects of the learning experience in detail and provide a comprehensive understanding of this phenomenon in the Australian context (Creswell, 2014). Whilst qualitative and quantitative data sets are unique, they are complementary and have the potential to contribute to enhancing the clinical experience for pre-registration nursing students. It was considered that the volume of data extrapolated from this mixed methods project was excessive for one publication. Therefore, Part 1 describes the qualitative study of this mixed methods project and a separate paper (Part 2) reports on the quantitative study (McInnes et al., 2015).

METHODS

Research Design

A concurrent mixed methods approach was adopted to explore pre-registration clinical placements in Australian general practices. Qualitative (interview) data and quantitative (survey) data were collected at approximately the same time and assigned equal weighting and priority. Data were analysed separately before being integrated during the interpretation. The qualitative study employed in this mixed methods project explored the narrative accounts of fifteen pre-registration nurses following a two-week clinical placement in an Australian general practice. A qualitative approach allowed the researchers to explore various aspects of the learning experience in detail.

Recruitment and Data Collection

Participants were recruited from a single campus of an Australian university offering a range of master of nursing programs which led to initial registration as a nurse. Five participants were enrolled into a four year combined degree/master of nursing program. The remaining ten participants had a previous baccalaureate degree, usually in an unrelated field and were enrolled in a two year graduate entry/master of nursing program. The clinical placement team identified students who were scheduled for a clinical placement in general practice and sent them information about the study. Interested students were then contacted by the first author, provided with additional information about the study and a consent form. A mutually convenient time was arranged to conduct the interview. Participants were asked a series of open-ended questions relating to their experience of a general practice clinical placement (Figure 1). All interviews were audio-recorded and transcribed for analysis. Interviews continued until data saturation was achieved, that is, when verbal accounts of the placement experience became repetitive and no new information was forthcoming (Francis et al., 2010; Polit and Beck, 2014). Data saturation was thought to have occurred after 13 interviews, a further 2 interviews confirmed that no new data was being revealed.

1. Can you tell me about your understanding of what nurses do in general practice?
2. What words would you use to describe your feelings about having a clinical placement in general practice?
3. What words would you use to describe your clinical placement in general practice? What happened to make you feel this way?
4. What did you gain from the placement experience? Did you gain what you thought from the placement? Why / why not?
5. What did you observe about the nurses role in the general practice?
6. Were you sufficiently prepared for the placement? Why / why not?
7. What was the biggest challenge on your general practice placement?
8. How did this placement differ from your acute care placements?
9. Would you consider a position in a general practice once you graduate? Why / why not?

Figure 1 Interview Guide

Data Analysis

Qualitative data underwent a process of thematic analysis using the techniques recommended by Braun and Clarke (2006). To ensure accuracy and context of the data the researchers read and re-read transcriptions whilst listening to audio recordings. Experiential accounts were grouped into preliminary codes prior to the development of themes. Analysis commenced after completion of the first interview and continued until the researchers reached consensus regarding the final themes presented.

Rigour

The principles of credibility and confirmability were used to demonstrate rigour. Credibility was established by two authors examining the data and eliciting themes (XX & XX) (Creswell and Miller, 2000). The use of direct quotes linking the reader to the experiences described in the study is evidence of confirmability (Polit and Beck, 2014)

Ethical considerations

Approval for the conduct of this study was gained from the Human Research Ethics Committees of the relevant institutions. All participants provided informed consent to participate in the study. To ensure confidentiality all transcripts were de-identified and assigned a unique pseudonym and any potentially identifying features of the transcripts were removed. Additionally, consent was verbally reaffirmed by each participant prior to audio recording the interview.

FINDINGS

Consistent with the gender mix of nursing, most participants were female. Audio-recorded interviews lasted between 12-44 minutes (mean 18 minutes). Four themes arose from the interviews. The first theme, *Knowledge of the practice nurse role* evolved as participants articulated their limited understanding of the role that nurses working in general practice play. The second theme, *Quality of the learning experience*, encapsulates the participant's response to learning within a general practice environment. The third theme, *Support, belonging and mutual respect* comprised an overarching concept that students were accepted as valued members of the general practice team and how this was instrumental in nurturing their competency and confidence. The final theme, *Employment prospects*, provides insight into the students' perceived enablers and barriers of nursing in general practice.

Knowledge of the practice nurse role: *I had very limited understanding*

Prior to commencing their general practice placement, participants had completed theoretical content related to the concepts and principles of health promotion and illness across the lifespan. Regardless of the tertiary stage in their nursing program, interviews

revealed that all participants commenced this placement with a limited understanding of the practice nurses' role or the philosophies which drive primary care nursing. Participants believed that nurses in general practice were responsible for performing basic tasks and had little or no autonomy. This was best described by Chelsey;

“Well, my understanding was that it was mainly doing injections and vaccinations and that it was a very limited code of practice, yeah.....my understanding was that they had a very limited, and very repetitive work, and very limited to injections”.

Despite a limited understanding of the nurses' role, the majority of participants believed that their tertiary institution had appropriately prepared them for a general practice placement. Reflecting on the perceived skills required of a nurse in general practice, Daniel surmised

“I think I was well prepared I knew how to give immunisations and injections and also knew how to do wound dressings. So I think I was well prepared to a medical practice placement”.

Sarah, however, articulated that a greater understanding of the nurse's role in general practice *“probably would have been useful and made me a bit more excited about it before I went. But I definitely learnt a lot”.*

Quality of the learning experience: It was a fantastic placement

Fourteen participants articulated that their general practice placement provided a positive learning experience and exceeded expectations. As Chelsey described,

“it was a fantastic placement. It was really, really good and completely different to what I was expecting. It was really, really busy, and I learnt so much. It was really more like an emergency department, rather than just a routine GP clinic”.

Only one student found the experience “unrewarding”. Further clarification confirmed that this negative opinion was attributed to the practice being located within the grounds of an HEI and occurred during the Christmas period when most students were on semester break. As well, the registered nurse at this facility had a limited understanding of the student’s scope of practice.

All other participants articulated that opportunities to participate and exposure to a broad spectrum of patient presentations and disease processes, provided valuable learning experiences.

“So probably I saw more acuteness in my GP practice than I probably did in my proper acute ward.... I saw removal of lesions, helped doctors, assisted with their liver biopsies and things like that” (Carla).

Similarly, Chelsey enthusiastically conveyed her learning experiences in a general practice setting

“Lots of skills, lots of skills, so IM [intra muscular] injections, lots of different types of injections, how to inject properly. Just the complexity of different type of injections that you have in the community which I had no idea. I mean I thought IM was IM”.

The general practice placement provided valuable opportunities for students to communicate and interact within a multidisciplinary team and with patients. This ensured that learning objectives associated with developing communication skills were achieved;

“You know I learnt to develop such confidence in like, talking and getting that rapport with my patient and then getting them into the conversation, gaining their trust”
(Sofia).

The therapeutic relationship between the nurse and patient was an integral component of nursing in general practice which appealed to participants.

“One of the things that I hadn't realised or thought about was the wonderful relationship that the nurses had with the patients....When you work in a hospital your relationship is passing, and there were relationships there that had gone on for years. I just thought that was a really wonderful, compelling thing about practice nurses”
(Jane).

General practice placements also provided insight into the philosophies which drive primary care, as Holly described

“In the GP practice a lot of it was involving the whole family, and there was a lot more communication involved I suppose, so more planning resources about preventative health. In the hospital you were trying to deal with the problem, but in the general practice setting it was more about preventing and giving advice”.

Support, belonging and mutual respect: I really felt part of the team

A common theme which developed throughout the interviews was the influence this placement had on improving the participant's confidence and competence. This was largely attributed towards the RN's support of learning and acceptance of the student as a valued team member;

“you know it's probably the best learning experience I've had with an RN, in the whole course” (Stephanie); and Karen “it was, to say the least, an exceptional learning experience.....it just blew all my expectations out of the water”.

The stable one-to-one, or one-to-two model of supervision which all participants experienced was considered a positive enabler of this learning environment.

“I wouldn't be chopping and changing between different nurses being my supervisor - looking after me each shift, so I got to know the nurses a lot better. Got to have ongoing guidance as opposed to just one nurse every shift and you have to relearn things and they need to relearn things about you” (James).

Respect for the RNs knowledge and the willingness of the supervising RN to transfer this knowledge was also valued by participants

“I have felt like I have learned so much. The nurse that I've been working with is incredibly friendly and incredibly eager to teach” (Christine).

Employment prospects: I would really, really love to go to a general practice but.....

Reflecting on their placement, all but one participant indicated that they would now consider a position as a nurse in general practice at some stage in their professional nursing career. The level of autonomy to manage patient conditions was considered a particularly appealing aspect of nursing in general practice;

“I liked that. I mean, yeah, autonomy's something that you don't always really ... really get that aspect in a hospital” (James).

Diversity of the role, work hours, relationships with patients and low stress were also mentioned as perceived benefits of nursing in general practice.

Despite a desire to seek future employment as a nurse in general practice, professional isolation and the size of the practice would influence this decision.

“Within a GP practice unless there's more than one, you're kind of a bit of an island I think” (Christine). And, “I'm very scared about pigeonholing myself a little bit. So I think in a smaller practice, no I definitely wouldn't want to do that, but in a larger practice like that, yeah, it would definitely be something that I would consider, without a doubt. Just because of the diversity of the patients” (Carla).

Interestingly, a large proportion of participants expressed a belief that they would need acute care experience in a hospital before they would consider themselves suitably qualified to competently fulfil the role of a nurse in general practice. This was best encapsulated by Holly;

“I feel like the nurses who were there have really expert knowledge in what they did, and I feel like a young graduating nurse probably wouldn't have that; I feel like I have so much more to learn”.

Whilst participants expressed a positive trend of support for clinical placements in general practice, a third observed less appealing aspects of nursing in general practice. Carla recalled how nursing in general practice *“felt a bit subservient at times*. Jane also found;

“that you are very much an employee of the GP and it is a little bit slightly patriarchal. I didn't quite like that....It just seems to me that the way it's set up at the moment is just still - it's sort of slightly reinforcing the doctor-handmaiden thing”.

Two other participants experienced unforeseen challenges of working within a private practice. For the first time, Chelsey was confronted with the financial pressures associated with patient care,

“seeing healthcare as a business was actually quite confronting yeah I mean they were a private practice and they were really cost conscious”.

Stephanie also experienced the pressures of working within a small business and the demands to meet projected budgets;

“yeah, the small business aspect does put more pressure on it, and we had some clinics where they were, I don't know, there weren't even 15 minute appointments, they were probably 10 minutes, or five minutes”.

Despite observing less appealing aspects of nursing in general practice, this group of participants all reported a positive learning experience. However, as an evolving speciality, it was felt that greater collaboration between practice staff would improve workplace satisfaction.

DISCUSSION

The most significant limitation arising from this study is that participants were drawn from a single campus of an Australian university and thus the sample may not be representative of students from other tertiary settings. However, recruiting a cross-section of participants from different nursing programs may have helped offset this limitation. To further explore this phenomenon additional research with a broader cohort from different institutions and primary care contexts will be required.

It is evident that participants in this study were positive about the quality of clinical placements in general practice. Relationships with the supervising nurse, the model of supervision, exposure to learning experiences and a culture of respect and acceptance were considered positive enablers of the general practice learning environment and were valued by participants. This is consistent with studies exploring clinical placements in acute care settings (Chan, 2002; Levett-Jones et al., 2009; Midgley, 2006; Smedley and Morey, 2010).

Regardless of the participants stage in their nursing program, findings revealed that exposure to a broad spectrum of illness, population based assessments and opportunities to develop communication skills within a supportive environment ensured learning objectives were achieved. Indeed, many participants reported engaging in a wider scope of clinical procedures than they had experienced during previous acute care placements. This is consistent with the literature which reports nurses working in general practice perceive that their workplace offers significant clinical learning opportunities for pre-registration nursing students (Halcomb et al., 2012).

A consistent one-to-one, or one-to-two model of supervision employed during general practice placements was regarded highly by participants. Similar to findings from previous research (see Newton et al., 2009a; Newton et al., 2009b; Papastavrou et al., 2010) students perceived that given the limited two-week time frame, a one-to-one or one-to-two supervisory model enhanced their relationship with the supervising nurse, saved valuable learning time and was conducive to developing competencies and independent practice. As well, nurses who were familiar with the students' scope of practice could tailor learning opportunities to meet their progressive competencies (Warne et al., 2010).

Despite completing formal theoretical classes that covered the concepts and principles of health promotion and illness prevention at their HEI prior to placement, narrative accounts from this study revealed students had a limited understanding of the practice nurse's role or the philosophies which drive primary care nursing. This is somewhat similar to a qualitative study of practice nurses by Peters et al. (2013), which also found that despite completing theoretical components in primary care, students were often unable to link theory to practice and had little understanding of the role practice nurses played in this setting. This indicates that better preparation of students prior to placements may serve to enhance their clinical experience.

Most participants assumed that the practice nurse activity was dominated by preventative immunisation and clinical wound management. However, the early discharge from acute care facilities, and the de-institutionalisation of mental health has resulted in patients spending less time in hospital and more acute care being delivered in the community (Happell, 1999). Consequently, the nurse's scope of practice and responsibilities in general practice has expanded to include the management of complex health conditions and the emerging advanced responsibilities of prescribing medications, interventions and treatment (Merrick et al., 2012; Parker et al., 2011). Understanding the expanded role of nurses working in general practice is important to encourage pre-registration nurses to consider this as a viable career option. The involvement of nurses working in general practice in curriculum development or as guest lecturers to discuss the changing nature of nursing roles may help improve the pre-preparation of pre-registration nurses (Ali et al., 2011).

Resonating with the literature (see Happell, 1999; Lamont et al., 2014), positive learning experiences were instrumental in the majority of participants now considering future

employment as a nurse in general practice. Significantly though, this current study found that despite the benefits of nursing in general practice in terms of role diversity, participants had a distinct preference to consolidate clinical skills in a traditional hospital setting prior to seeking such employment. Given the need to recruit nurses into the primary care sector, this finding may have serious implications (Sykes and Urquhart, 2012).

Whilst workplace stressors were observed, such instances largely revolved around poor role definition and the pressure of working within a private practice. However, it is acknowledged that tension in the clinical setting can influence the ability for pre-registration nurses to engage in learning experiences (Newton et al., 2009b). Improving the collaboration between nurses and medical practitioners may help define the role of nurses in general practice and strengthen the delivery of services in this speciality (Baxter and Brumfitt, 2008).

CONCLUSION

It is evident that pre-registration nurses are positive about the quality of clinical learning in Australian general practices. Exposure to a range of population based skills and opportunities to actively participate within a supportive, multidisciplinary environment are considered to be positive elements of clinical learning in general practice. Further research should focus on the perspective of undergraduate clinical placements in primary care settings other than general practice. Additionally, work should also be undertaken around the nursing workforce in general practice, including the provision of new graduate support, career pathways, job satisfaction and retention. Part 2 of this series reports the quantitative findings arising from this mixed methods project. The quality and style of supervision

employed during primary care placements are discussed along with overall findings and recommendations for further research and practice.

Conflict of interest

Nil conflicts

Contributions

A3 & A4 conceived and designed the study. A1 conducted the data collection and, together with A2 undertook the data analysis. A4 assisted in refining the analysis. All authors participated in drafting and critically revising the paper.

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